

|   |                        |                                       |
|---|------------------------|---------------------------------------|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b)) | Attorney Docket No.    | PF020158                              |
|   | First Inventor         | PETRUS GIJSBERTUS MARIA CENTEN et al. |
|   | Title                  | Image Pickup Device                   |
|   | Express Mail Label No. | EV 332225462 US                       |

2278 U.S. PTO  
101723558



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|--|---|
| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents.  | <b>ADDRESS TO:</b><br>Mail Stop Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria VA 22313-1450   |
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/>(Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status.<br/>See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>5</u>]<br/>(preferred arrangement set forth below)<br/>- Descriptive title of the invention<br/>- Cross Reference to Related Applications<br/>- Statement Regarding Fed sponsored R &amp; D<br/>- Reference to sequence listing, a table, or a computer program listing appendix<br/>- Background of the invention<br/>- Brief Summary of the invention<br/>- Brief Description of the Drawings (if filed)<br/>- Detailed Description<br/>- Claim(s)<br/>- Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>2</u>]</p> <p>5. Oath or Declaration [Total Sheets <u>1</u>]<br/>a. <input checked="" type="checkbox"/> Newly executed (original or copy)<br/>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d))<br/>(for a continuation/divisional with Box 18 completed)<br/>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)<br/>a. <input type="checkbox"/> Computer Readable Form (CRF)<br/>b. Specification Sequence Listing on:<br/>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br/>ii. <input type="checkbox"/> Paper<br/>c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p><b>ACCOMPANYING APPLICATIONS PARTS</b></p> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney<br/>(when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/>(Should be specifically itemized)</p> <p>15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s)<br/>(if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p> |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_ / \_\_\_\_\_  
Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_

**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

|  |   |           |  |          |                |
|--|---|-----------|--|----------|----------------|
| <b>19. CORRESPONDENCE ADDRESS</b>        |   |           |  |          |                |
| <input type="checkbox"/> Customer Number |   |           | OR <input type="checkbox"/> Correspondence address below |          |                |
| Name                                     | JOSEPH S. TRIPOLI<br>THOMSON LICENSING INC. |           |  |          |                |
| Address                                  | 2 INDEPENDENCE WAY<br>P.O. BOX 5312         |           |  |          |                |
| City                                     | PRINCETON                                   | State     | NJ   | Zip Code | 08543-5312     |
| Country                                  | USA   | Telephone | 1-609-734-6834   | Fax      | 1-609-734-6888 |

|                   |                             |                                   |          |
|-------------------|-----------------------------|-----------------------------------|----------|
| Name (Print/Type) | PATRICIA VERLANGIERI        | Registration No. (Attorney/Agent) | 42201    |
| Signature         | <i>Patricia Verlangieri</i> | Date                              | 11/24/03 |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

|   |                                      |  |             |   |  |                     |          |                      |                                      |               |  |          |  |
|---|--------------------------------------|--|-------------|---|--|---------------------|----------|----------------------|--------------------------------------|---------------|--|----------|--|
| <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2004</h3> <p style="font-size: small; margin: 5px 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p> |                                      | <p><b>Complete if Known</b></p>  |             |   |  |                     |          |                      |                                      |               |  |          |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |                                      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;"></td> </tr> <tr> <td>Filing Date</td> <td></td> </tr> <tr> <td>First Named Inventor</td> <td>PETRUS GJSBERTUS MARIA CENTEN et al.</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Art Unit</td> <td></td> </tr> </table> |             | Application Number  |  | Filing Date         |          | First Named Inventor | PETRUS GJSBERTUS MARIA CENTEN et al. | Examiner Name |  | Art Unit |  |
| Application Number  |                                      |  |             |   |  |                     |          |                      |                                      |               |  |          |  |
| Filing Date   |                                      |  |             |   |  |                     |          |                      |                                      |               |  |          |  |
| First Named Inventor  | PETRUS GJSBERTUS MARIA CENTEN et al. |  |             |   |  |                     |          |                      |                                      |               |  |          |  |
| Examiner Name   |                                      |  |             |   |  |                     |          |                      |                                      |               |  |          |  |
| Art Unit  |                                      |  |             |   |  |                     |          |                      |                                      |               |  |          |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">TOTAL AMOUNT OF PAYMENT</td> <td style="width: 40%;">(\$ 810.00)</td> </tr> </table>                  |                                      | TOTAL AMOUNT OF PAYMENT  | (\$ 810.00) | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Attorney Docket No.</td> <td style="width: 40%;">PF020158</td> </tr> </table> |  | Attorney Docket No. | PF020158 |                      |                                      |               |  |          |  |
| TOTAL AMOUNT OF PAYMENT   | (\$ 810.00)                          |  |             |   |  |                     |          |                      |                                      |               |  |          |  |
| Attorney Docket No.   | PF020158                             |  |             |   |  |                     |          |                      |                                      |               |  |          |  |

| <p><b>METHOD OF PAYMENT (check all that apply)</b></p> <p> <input type="checkbox"/> Check    <input type="checkbox"/> Credit card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other    <input type="checkbox"/> None             </p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <table style="width: 100%;"> <tr> <td style="width: 30%;">Deposit Account Number</td> <td style="width: 70%;">07-0832</td> </tr> <tr> <td>Deposit Account Name</td> <td>THOMSON LICENSING INC.</td> </tr> </table> <p><b>The Director is authorized to: (check all that apply)</b></p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below    <input checked="" type="checkbox"/> Credit any overpayments<br/> <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br/> <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.             </p> <p style="text-align: center;"><b>FEE CALCULATION</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="6">1. BASIC FILING FEE</th> </tr> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing fee</td> <td>770</td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td>(\$ 770)</td> </tr> </table> <p><b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b></p> <table style="width: 100%;"> <tr> <td>Total Claims</td> <td>10</td> <td>** =</td> <td>10</td> <td>X</td> <td></td> <td>=</td> <td>0</td> </tr> <tr> <td>Independent Claims</td> <td>2</td> <td>** =</td> <td>2</td> <td>X</td> <td></td> <td>=</td> <td>0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>X</td> <td></td> <td>=</td> <td></td> <td>=</td> <td>0</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="6">Large Entity</th> <th colspan="6">Small Entity</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th colspan="2">Fee Description</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th colspan="2">Fee Description</th> </tr> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td colspan="2">Claims in excess of 20</td> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td colspan="2">Independent claims in excess of 3</td> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td colspan="2">Multiple dependent claim, if not paid</td> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td colspan="2">** Reissue independent claims over original patent</td> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td colspan="2">** Reissue claims in excess of 20 and over original patent</td> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td colspan="2"></td> <td colspan="5">(\$ 0)</td> </tr> </table> <p style="font-size: x-small;">**or number previously paid, if greater; For Reissues, see above</p> | Deposit Account Number | 07-0832      | Deposit Account Name | THOMSON LICENSING INC.   | 1. BASIC FILING FEE |              |          |          |          |                 | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1001 | 770 | 2001 | 385 | Utility filing fee | 770 | 1002 | 340 | 2002 | 170 | Design filing fee |  | 1003 | 530 | 2003 | 265 | Plant filing fee |  | 1004 | 770 | 2004 | 385 | Reissue filing fee |  | 1005 | 160 | 2005 | 80 | Provisional filing fee |  | <b>SUBTOTAL (1)</b> |  |  |  |  | (\$ 770) | Total Claims | 10 | ** = | 10 | X |  | = | 0 | Independent Claims | 2 | ** = | 2 | X |  | = | 0 | Multiple Dependent |  | X |  | = |  | = | 0 | Large Entity |  |  |  |  |  | Small Entity |  |  |  |  |  | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description |  | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description |  | 1202 | 18 | 2202 | 9 | Claims in excess of 20 |  |  |  |  |  |  |  | 1201 | 86 | 2201 | 43 | Independent claims in excess of 3 |  |  |  |  |  |  |  | 1203 | 290 | 2203 | 145 | Multiple dependent claim, if not paid |  |  |  |  |  |  |  | 1204 | 86 | 2204 | 43 | ** Reissue independent claims over original patent |  |  |  |  |  |  |  | 1205 | 18 | 2205 | 9 | ** Reissue claims in excess of 20 and over original patent |  |  |  |  |  |  |  | <b>SUBTOTAL (2)</b> |  |  |  |  |  |  | (\$ 0) |  |  |  |  | <p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>210</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>950</td> <td>2253</td> <td>475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>2254</td> <td>740</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>2255</td> <td>1,005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>330</td> <td>2401</td> <td>165</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>1453</td> <td>1,330</td> <td>2453</td> <td>665</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>1501</td> <td>1,330</td> <td>2501</td> <td>665</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>1502</td> <td>480</td> <td>2502</td> <td>240</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>1503</td> <td>640</td> <td>2503</td> <td>320</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Processing fee under 37 CFR 1.17 (q)</td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td>40.00</td> </tr> <tr> <td>1809</td> <td>770</td> <td>2809</td> <td>385</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>1810</td> <td>770</td> <td>2810</td> <td>385</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>1801</td> <td>770</td> <td>2801</td> <td>385</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>1802</td> <td>900</td> <td>1802</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> </table> <p>Other fee (specify) _____</p> <p>*Reduced by Basic Filing Fee Paid    <b>SUBTOTAL (3)</b>    (\$ 40.00)</p> | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath |  | 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet |  | 1053 | 130 | 1053 | 130 | Non-English specification |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for reexamination |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 420 | 2252 | 210 | Extension for reply within second month |  | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17 (q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | 40.00 | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  |
|--|------------------------|--------------|----------------------|--|---------------------|--------------|----------|----------|----------|-----------------|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|------|-----|------|-----|--------------------|-----|------|-----|------|-----|-------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--------------------|--|------|-----|------|----|------------------------|--|---------------------|--|--|--|--|----------|--------------|----|------|----|---|--|---|---|--------------------|---|------|---|---|--|---|---|--------------------|--|---|--|---|--|---|---|--------------|--|--|--|--|--|--------------|--|--|--|--|--|----------|----------|----------|----------|-----------------|--|----------|----------|----------|----------|-----------------|--|------|----|------|---|------------------------|--|--|--|--|--|--|--|------|----|------|----|-----------------------------------|--|--|--|--|--|--|--|------|-----|------|-----|---------------------------------------|--|--|--|--|--|--|--|------|----|------|----|--|--|--|--|--|--|--|--|------|----|------|---|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--------|--|--|--|--|--|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|------|-----|------|----|-------------------------------------|--|------|----|------|----|--|--|------|-----|------|-----|---------------------------|--|------|-------|------|-------|--|--|------|------|------|------|--|--|------|--------|------|--------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|--------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|-------|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|
| Deposit Account Number   | 07-0832                |              |                      |  |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Deposit Account Name   | THOMSON LICENSING INC. |              |                      |  |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1. BASIC FILING FEE  |                        |              |                      |  |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity   |                        | Small Entity |                      | Fee Description  | Fee Paid            |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code   | Fee (\$)               | Fee Code     | Fee (\$)             |  |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1001   | 770                    | 2001         | 385                  | Utility filing fee   | 770                 |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1002   | 340                    | 2002         | 170                  | Design filing fee  |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1003   | 530                    | 2003         | 265                  | Plant filing fee   |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1004   | 770                    | 2004         | 385                  | Reissue filing fee   |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1005   | 160                    | 2005         | 80                   | Provisional filing fee   |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBTOTAL (1)</b>  |                        |              |                      |  | (\$ 770)            |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Total Claims   | 10                     | ** =         | 10                   | X  |                     | =            | 0        |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Independent Claims   | 2                      | ** =         | 2                    | X  |                     | =            | 0        |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Multiple Dependent   |                        | X            |                      | =  |                     | =            | 0        |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity   |                        |              |                      |  |                     | Small Entity |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code   | Fee (\$)               | Fee Code     | Fee (\$)             | Fee Description  |                     | Fee Code     | Fee (\$) | Fee Code | Fee (\$) | Fee Description |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202   | 18                     | 2202         | 9                    | Claims in excess of 20   |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201   | 86                     | 2201         | 43                   | Independent claims in excess of 3  |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203   | 290                    | 2203         | 145                  | Multiple dependent claim, if not paid                                      |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204   | 86                     | 2204         | 43                   | ** Reissue independent claims over original patent                         |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205   | 18                     | 2205         | 9                    | ** Reissue claims in excess of 20 and over original patent                 |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBTOTAL (2)</b>  |                        |              |                      |  |                     |              | (\$ 0)   |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity   |                        | Small Entity |                      | Fee Description  | Fee Paid            |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code   | Fee (\$)               | Fee Code     | Fee (\$)             |  |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1051   | 130                    | 2051         | 65                   | Surcharge - late filing fee or oath  |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1052   | 50                     | 2052         | 25                   | Surcharge - late provisional filing fee or cover sheet                     |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1053   | 130                    | 1053         | 130                  | Non-English specification  |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1812   | 2,520                  | 1812         | 2,520                | For filing a request for reexamination                                     |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1804   | 920*                   | 1804         | 920*                 | Requesting publication of SIR prior to Examiner action                     |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1805   | 1,840*                 | 1805         | 1,840*               | Requesting publication of SIR after Examiner action                        |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1251   | 110                    | 2251         | 55                   | Extension for reply within first month                                     |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1252   | 420                    | 2252         | 210                  | Extension for reply within second month                                    |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1253   | 950                    | 2253         | 475                  | Extension for reply within third month                                     |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1254   | 1,480                  | 2254         | 740                  | Extension for reply within fourth month                                    |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1255   | 2,010                  | 2255         | 1,005                | Extension for reply within fifth month                                     |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1401   | 330                    | 2401         | 165                  | Notice of Appeal   |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1402   | 330                    | 2402         | 165                  | Filing a brief in support of an appeal                                     |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1403   | 290                    | 2403         | 145                  | Request for oral hearing   |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1451   | 1,510                  | 1451         | 1,510                | Petition to institute a public use proceeding                              |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1452   | 110                    | 2452         | 55                   | Petition to revive - unavoidable   |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1453   | 1,330                  | 2453         | 665                  | Petition to revive - unintentional   |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1501   | 1,330                  | 2501         | 665                  | Utility issue fee (or reissue)   |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1502   | 480                    | 2502         | 240                  | Design issue fee   |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1503   | 640                    | 2503         | 320                  | Plant issue fee  |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1460   | 130                    | 1460         | 130                  | Petitions to the Commissioner  |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1807   | 50                     | 1807         | 50                   | Processing fee under 37 CFR 1.17 (q)                                       |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1806   | 180                    | 1806         | 180                  | Submission of Information Disclosure Stmt                                  |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 8021   | 40                     | 8021         | 40                   | Recording each patent assignment per property (times number of properties) | 40.00               |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1809   | 770                    | 2809         | 385                  | Filing a submission after final rejection (37 CFR § 1.129(a))              |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1810   | 770                    | 2810         | 385                  | For each additional invention to be examined (37 CFR § 1.129(b))           |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1801   | 770                    | 2801         | 385                  | Request for Continued Examination (RCE)                                    |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1802   | 900                    | 1802         | 900                  | Request for expedited examination of a design application                  |                     |              |          |          |          |                 |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |     |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                     |  |  |  |  |          |              |    |      |    |   |  |   |   |                    |   |      |   |   |  |   |   |                    |  |   |  |   |  |   |   |              |  |  |  |  |  |              |  |  |  |  |  |          |          |          |          |                 |  |          |          |          |          |                 |  |      |    |      |   |                        |  |  |  |  |  |  |  |      |    |      |    |                                   |  |  |  |  |  |  |  |      |     |      |     |                                       |  |  |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |  |  |      |    |      |   |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |        |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |

|                     |                                |                                   |       |                                 |              |
|---------------------|--------------------------------|-----------------------------------|-------|---------------------------------|--------------|
| <b>SUBMITTED BY</b> |                                |                                   |       | <b>Complete (if applicable)</b> |              |
| Name (Print/Type)   | PATRICIA VERLANGIERI           | Registration No. (Attorney/Agent) | 42201 | Telephone                       | 609-734-6867 |
| Signature           | <i>Patricia A. Verlangieri</i> |                                   |       | Date                            | 11/24/03     |

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